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BULLETIN of the MENNINGER CLINIC

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Topeka
Kansas

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MENNINGER CLINIC

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EIGHTH ANNUAL MEETING

Two thousand visitors attended the eighth annual meeting of The Menninger Foundation in Topeka, Kansas on October 4, 1949. For them, and for the many who were unable to attend, the annual meeting speeches have been collected and are presented, in condensed form, in this special issue of the *Bulletin*. The program:

THEME: THE ROLE OF THE FAMILY IN MENTAL HEALTH

Morning: ROBERT G. FOSTER, Ph.D., Chairman

The Family as a Basic Unit in Community Strength—LILLIAN GILBRETH, Ph.D., Construction Engineer, President, Gilbreth, Inc.

How Community Factors Affect the Family—WILLIAM C. MENNINGER, M.D., General Secretary, The Menninger Foundation

Afternoon: MRS. HELVI BOOTHE, Chairman

The Anatomy and Physiology of Personality—KARL MENNINGER, M.D., General Director, Department of Education, The Menninger Foundation

How Family Forces Affect the Individual—O. SPURGEON ENGLISH, M.D., Clinical Professor of Psychiatry, Temple University School of Medicine

Dinner Meeting

The Challenging New Frontier in Mental Health—The Honorable LUTHER YOUNGDAHL, Governor of Minnesota

Governor Youngdahl was unanimously elected an honorary member of the Foundation by the Board of Trustees, with this citation:

Luther W. Youngdahl, jurist, humanitarian, Governor of Minnesota:

In recognition of his contributions to human welfare during years of public service; and his dynamic leadership in a pioneering program aimed at improving mental health in the State of Minnesota; and for the inspiring effect this program has had upon other states; The Board of Trustees of The Menninger Foundation do hereby and with honor welcome Luther W. Youngdahl, Governor of the State of Minnesota, to the Fellowship of the Foundation as an Honorary Member.

THE CHALLENGING NEW FRONTIER IN MENTAL HEALTH

By LUTHER W. YOUNGDAHL*

A governor is recipient of many honors that come to him during his experience in public life, but there has been no honor that has given me a more profound sense of satisfaction than the one that was so graciously presented by Dr. Karl Menninger in behalf of this great Foundation. I accept it very humbly and sincerely. In appreciation of it I pledge my efforts to a much greater degree than ever before in behalf of the great cause of mental health. I cannot adequately describe in words the tremendous thrill in being here this evening.

It is appropriate that here in Topeka, the home of the Menningers, we discuss "The Challenging New Frontier in Mental Health." For the Menningers—and I use this term representatively to include all members of the staff down to the fellow who pushes the broom and the girl who sharpens the pencil—have successfully blazed so many trails in mental health that the direction is clearly marked for those of us who follow in our respective specialties.

I cannot overestimate the value of the work done at Topeka. If the work is important, even more important is the spirit in which it is performed. For those of you who have been attending the annual meeting of the Menninger Foundation and have contributed to its finances and to its direction, I offer my most sincere congratulations for the privilege you have of being numbered among its prime supporters. I include myself in this group. For the people of Minnesota, I express appreciation for the signal honor of representing them in this capacity tonight.

Man is searching blindly and desperately for the answer to a vital problem—one which pertains, in fact, to his very survival. His frantic efforts are due to the amazing success he has achieved in unlocking the mysteries of science, while remaining ignorant in the realm of human relations. It is becoming more and more apparent that man is in a crisis because of the dreadful lag in his understanding of himself. This sounds like an oversimplification of the problem, yet is true. It is the lesson of the "backwards" for the people in the communities. Yesterday's challenge was that of geographical and technological frontiers—of materialistic goals. Today's challenge is—and must be—the challenge of social concepts and human values; the challenge to apply these concepts and values in human relationships.

Thirty years ago I attended a small college in the vicinity of one of our

* St. Paul, Minnesota.

state hospitals. On free evenings we used to go up the hill to see the "nut house"; our curiosity carried us to a certain point; beyond that point our fears kept us from going farther.

Not much more than a year ago in making a supposedly unannounced visit to another hospital, a friend stopped me in the street. An eminent citizen of his community, he said, "Governor, I hear you are going to visit the 'nut house.' "

Thirty years had passed; thirty years in which psychiatry had made great strides. Despite these strides, the state hospital remained the "nut house," an institution whose roots were still in the asylum stage. Isolated from the world, its patients were forgotten and stigmatized by attitudes and conditions reminiscent of the dark ages.

Thirty years had passed, thirty years in which I had little direct contact with the problem until, as Governor, I had occasion to visit the hospitals of our state. I visited the hospitals; I visited the barns.

The cows were clean, tuberculin-free, well-fed, well-bedded, and provided with attention which would make the ratio of the American Psychiatric Association seem conservative.

The same could not be said of the patients.

Something had gone wrong. Not only in Minnesota, but in many other states as well. A nation which had learned to discharge the atom bomb had not learned how to discharge its duty to sick people; a nation fighting the cold war had left its moral flank exposed.

Perhaps in terms of the vast numbers of lost lives and distorted personalities which would result from an atomic war, the 14,000 psychotic, mentally deficient, and epileptic patients in the mental hospitals of my state to some may seem relatively unimportant. Yet the care of these patients is the most accurate barometer I know of our real concept of human values. It is an indicator of the strength or weakness of such moral counterpart as we may have to the totalitarianisms which hold the individual, particularly the weak individual, insignificant. The neglect of these patients constitutes a mirror in which you and I may look and see in ourselves a dark age morality glossed over by the cosmetic covering of 20th century materialism.

If I make reference to Minnesota, it is not my position that Minnesota is the only state that is now concerning itself with mental health. It is because Minnesota is the state with which I am most familiar. It is a state whose people in the past 100 years have cleared their forests, built up their soil, established their cities, and laid out systems of government, education, and communication. It is a state which is entering its second century by pioneering in the conservation of human resources. This conservation will be concerned to no small degree with the maintenance of mental health

and with providing the most modern possible treatment for mental illness.

The care of the mentally ill is one of the most important problems facing every governor in the country and is recognized as such by most of them. This may be seen in the unanimous action of the Governors' Conference in making it a major study of the year, for action at next year's meeting. Historically it well may be that the outcome of this study may have consequences for the good comparable to the passage of the National Mental Health Act. Cooperative action by the Governors' Conference can result not only in improvements on state levels, but in unified support for the neuropsychiatric and mental health services of both the Veterans Administration and the United States Public Health Service.

I am quite conscious that mental health problems are solved on no one level, be it federal, state, or local. Nor are these problems to be solved by governmental or private action alone. I am equally conscious that there is far more to the mental health movement than mental hospitals. But blueprint the ideal program as we may, the truth of the matter is that 85% of the hospitalized patients in this country are in state mental hospitals. The great majority of practitioners identified in the public mind as psychiatrists are in state mental hospitals. The overwhelming percentage of clinical material for research is in state mental hospitals. Public enlightenment is tied in with concepts concerning state mental hospitals and psychotic patients in these hospitals.

Were I to indict the state for its discharge of public psychiatric functions I would do so on two grounds: first, the nature of our hospitals; and, secondly, the development of a system based almost exclusively on hospitals.

In using the figure of thirty years to show a span of time in which there were few changes in public attitudes and the resulting status of the hospital, it is only to mark highlights in my own personal observations of the problem. Actually, this monstrosity which in our own innocence—or guilt—we term "hospital" is the only major social institution which has remained fundamentally unchanged since the abolition of its moral counterpart, slavery. To be sure, there are means of change on hand today, but these have not taken appreciable effect yet.

The history of Minnesota, in relation to its discharge of public psychiatric functions, is similar to that of most, if not all states. We built our first hospital in the 1880's, a fairly late date in mental hospital history; we built it on patterns obtained from other states.

We called this institution an asylum. We built it not because we understood mental illness, but because we did not. We built it to confine people whose actions brought fear to others and who were considered to be dan-

gerous either to society or to themselves. Later we expanded its function to include the helpless. These were the "insane," the lost and feared group of shunned individuals. When not left to wander the fields and the forests, they were subjected to horrors in jails and almhouses. To a large extent such progress as we made thereafter was to transfer the scene of these horrors to an institution under state jurisdiction.

From the very beginning our policy had been to build fortresses, monstrous constructions of brick and mortar in which to keep the patients in and the public out. Today we are reaping the inevitable result of a custodial approach in an ever increasing backlog of patients. Problems of overcrowding are still being solved by the expensive procedure of building more buildings. The custodial non-therapeutic characteristcs of state hospitals can be understood only in terms of the asylum. The logic behind the asylum was (1) patients were incurable and destined for life-long institutionalization, necessitating the lowest possible expenditure; (2) patients had neither feelings nor human attributes.

Of course, upset these assumptions, either on the psychiatric-economic level or on the humane level, and the custodial-asylum-out-of-sight-out-of-mind system must be upset, too. Mental patients are human beings with illnesses responsive to treatment and feelings susceptible to humaneness. Brick-and-mortar, the corner-stone of the asylum, contains no ingredient with which to heal the sick human mind. Only people progressively trained and possessing humane attitudes can do that. Yet as time went by and psychiatry developed new methods of treatment which were dependent on trained personnel, state hospitals were so bound to their asylum roots and asylum appropriations that they could not keep pace.

It is important to remember the asylum base from which our state hospitals spring. For while the art of psychiatry has been refined within our memory span, the system in vogue was designed for a pre-psychiatric era.

Since 85% of hospitalized psychiatric cases are in these state hospitals, psychiatry generally is moored by an anchor of no mean weight. No matter how serene the sea may be or how much we lengthen the anchor chain, the anchor is still there. For example, while I for one very much appreciate the work of the V.A. psychiatric services, the veteran's family is anchored not to the V.A., but to the state hospital.

With one major exception of very recent development there has been little change or no change in the asylum-state hospital system beyond a change in nomenclature. To be sure, psychiatry has introduced new therapies and refined old ones; it has even appended certain services such as social work and out-patient clinics; but all these merely represent an attempt to build the superstructure of psychiatry on an asylum base.

For those who might take exception to my contention that the asylum roots are still there, let us observe several features of no little significance. The asylum did not recognize mental illness as a sickness. Because of false concepts the asylum was based on what for want of a better term we today can only call "economy." False economy, if you please, or if you prefer, penny-pinching.

Inherent in the practice of low operating costs was the fact that the asylum was based on patient-labor. For those of you who are familiar with state hospital operations, am I unfair in mentioning patient-labor as a fundamental cushion in budgeting? Our hospitals are operated not by the psychiatric team, but by the patient-labor crew. Were we to accept a hospital pattern and base the activities of patients in terms of therapy alone, our boilers would stop operating; farms would stop producing; kitchens would cease food operation; sewage would go uncollected. Even patients would go unattended. The well-kept lawns characteristic of most hospitals would soon revert to weeds.

I am not criticizing genuine industrial or occupational therapy. I am merely pointing out what you well know; with this situation we cannot have confidence that the institution exists for the patient—the patient perhaps more often than not exists for the institution.

Now add to this setting many of the things which you yourselves have had occasion to decry, such as the immoral and therapy-negating double standard of food. Take the patient-labor base, take the double-standard of food, throw in a few choice ingredients, such as the self-respect-destroying mechanical restraint and regimented ward life, and you end up with that vicious hangover of the asylum days—the caste system.

Is it any wonder then that the patient-centered state mental hospital is the rare exception rather than the rule? As a layman speaking to practitioners in and friends of psychiatric work, I seriously present you with the question of whether therapy—despite the best staffing plans in the world—can be successfully superimposed.

I will not elaborate before this technically trained audience on the personnel situation and the relationship between shortages in personnel and the brick-and-mortar basis of the asylum. On one hand, state hospitals are so inadequately staffed and have adopted so few opportunities to increase staff through training that rare is the doctor who has time to listen to his patient much less develop a meaningful physician-patient relationship. On the other hand, with few exceptions, the person closest to the patient—the person who represents the hospital environment to the patient—the person who is the major link between the patient and the world of unreality is the guard-attendant. Except for small islands of enlightenment, he still carries out the supervisory and non-therapeutic

job originally assigned him in the asylum days. No livery stable would permit a person to handle horses who has had as little training as we furnish attendants who work the most closely with the complex mental patient.

One of the most outstanding attempts to break the backbone of the asylum system lies in the recently inaugurated three-year psychiatric aide training program at the Topeka State Hospital. We congratulate the citizens of Kansas, its state administration, and the Menningers for this enlightened development. At the same time I wish to announce that plans for a similar program have been underway in Minnesota, with its inauguration to take place in the near future.

Have we changed the asylum base when state governments financially fail to encourage research into causes of mental illness and improved treatment techniques? I know that there are isolated exceptions to this, but limited as research is and great as the need for it is, our research is not being conducted in these great reservoirs of clinical material, but more and more in centers away from state hospitals, as is training.

Have we changed the asylum base when we appropriate chiefly for custody, rather than treatment? Of the 10,500 patients in our seven mental hospitals, we have 2,266 who have been there an average of thirty years. At an average cost to the state of $1.00 a day for their care, their total cost already has been $36,142,700. I call your attention to such a figure which I can multiply many times with different groups of patients because the expensiveness of mere custodial care is a consideration during these periods when we are called on to practice economy in government. The only effect of custodial care and low operating costs is to conceal the expense involved and to transfer from one year to the next an ever increasing financial and social liability.

Whoever originally designed the current system of budgeting, separating operating and capital costs—hiding the actual case-cost—must himself have been a candidate for the admission ward of a state hospital, who missed the turn in the road and ended up instead in a career in fiscal management. The criterion of hospital management is not how cheaply can we maintain a bed, but how many times can we use the same bed for successive numbers of patients. However, I caution here against any consideration of fiscal policy which confines its attention solely to those who under present levels of scientific knowledge are deemed curable, even the most hopeless patient in our hospitals has something so precious that he cannot be judged in values other than human and divine.

The challenge is increased training, research, and intensive public education. But without increased public education there can be little else.

You would be surprised how willing the public is to support changes

in our asylum structure. The public has been used as a scape-goat for many things, including bad hospital conditions, but before I am willing to put the blame on the public, I would want to make sure that we have done everything humanly possible in interpreting institutional conditions and in providing understanding of emotional problems.

I believe that conditions which I have found in Minnesota are representative of much that can be found in most sections of the country. They certainly are similar to the descriptions portrayed by men like Deutsch and Gorman.

In order to seek guidance, before visiting any hospitals, I appointed what is known as the Governor's Advisory Council on Mental Health. The membership included representation from the medical profession, the psychiatric specialty, the University psychiatric department, the neuropsychiatric section of the Mayo Clinic, and two laymen. In addition, the Minnesota Unitarian Mental Hospital Committee, spiritual descendants of Dorothea Lynde Dix, herself a Unitarian, cooperated by undertaking a preliminary survey of all state hospitals. I met with these advisors, intellectually accepting the facts as they presented and the conclusions of months of personal research, but emotionally not quite prepared to believe that these conditions could exist in my state; nothing prior to visiting the hospitals could prepare me for what I was to find.

I have visited all the hospitals in Minnesota by now, most of them many times, but I vividly remember my first—the row upon row of unattended human beings, figures created in the image of God whom we were desecrating by plunging them into this inferno which had the name "hospital" on its gate. With my own eyes I saw nude men and women, thoroughly shackled to slats and benches, whole wards of men and women with bare feet on a stone floor with many confined in strait-jackets. I looked and could hardly believe my eyes. Of what significance was Pinel when we used the very chains he struck off more than 150 years ago?

And these that were not restrained, what of them? Sitting in crude benches, their eyes downcast, with the grim silence of the ward interrupted only by the strident voice of the attendant, "Sit down, sit down." I saw the boiled potatoes and cabbage served the patients, cold. Neither could I eat the patients' food nor could I eat upstairs with the staff while knowing what the patients downstairs had before them.

Why the conditions? Why the unattended mass of humanity, each of whom to someone on the outside represented something dear and loved —and something which hurt?

Not enough help; not enough money; not enough anything except patients.

And throughout the state hospital system the ravages of years of neglect

could be seen. While not two hospitals presented the same picture and one was actually restraint-free, all presented the same problems. Wherever I went I saw the fight—of a psychiatric corps strong enough for a combat zone of only 4,000 patients attempting to spread itself thin to cope with 10,500. Yes, there was treatment going on, but mainly for a limited number of patients—and then only because our staffs had overextended themselves. I want to acknowledge the devotion of institutional personnel in Minnesota and throughout the country for their efforts, despite the asylum base, to build the superstructure of psychiatry. Let not our criticism of a system reflect on those who stayed on to defy it—and in some instances successfully.

There were two things we were determined to do upon returning from the first tour of the hospitals: first, we were going to improve the hospitals to the utmost of our administrative ability; we were at least going to remove one symbol—mechanical restraints.

Out of almost 1,000 patients formerly in restraint, today we are now down to a disappearing 50. Most hospitals in Minnesota today are restraint-free. The remaining are almost free of restraints. As a result, we have fewer ward problems and greatly increased morale on the part of employees. The elimination of restraints is not only a humane obligation it is an institutional necessity.

The second thing we were determined to do was to let the public know what the conditions were and to inaugurate a mental health drive which would acquire support to put the asylum system where it belonged—back in the history books. We were going to demonstrate not only man's inhumanity to man, not only the valuable human resources being poured down the drain of social neglect, but the fantastic expensiveness of a custodial approach in an era in which psychiatry has proven the effectiveness and true economy of treatment. While our program was based on the human and financial losses of the present system, at no time did we attempt to make a distinction between a so-called curable patient and a so-called incurable patient—we recognize only one type of patient and that is a sick patient.

If there is any significance to the challenge of new frontiers in mental health, it is the challenge of an aroused public opinion. Such challenge as I present here tonight is not a personal one, but that of the people of Minnesota, who from the first moment these conditions were reported in the Governor's office to the press rallied behind the banner of human dignity. We made no charges and offered no scapegoats. *Particeps criminis* we stated. We were all guilty of a social crime.

We formed the non-partisan Governor's Citizens Mental Health Committee of 50 members whose job it was to arouse the public. This com-

mittee, in turn, had the active support of editors, the working press, and the broadcasting industry.

Then a remarkable thing happened. The people spontaneously rose to the challenge. There was not enough room on the original state-wide committee for all who wished to participate. The committee became a movement, including legislators, civic leaders, plain citizens, many relatives of mental patients, and institutional personnel from superintendents to the employees' union. In most key counties of the state, supporters of the program banded together in local and county citizens committees.

Such was the interest in the drive that shortly after its inauguration and months prior to the legislative session, poll after poll showed that the overwhelming majority of voters were for the program; one actually showed that a majority of citizens regarded mental illness as a sickness from which people recovered.

We emerged from the legislative session with a body of continuing informed public opinion, a bill of rights for mental patients, and favorable action on our budgetary requests. Prior to the actual vote on appropriations we introduced under bipartisan sponsorship a bill unique in the legislative annals of Minnesota. It was a policy bill, which put it squarely before the people as to whether the obligation of the state was to patch up an antiquated and unworkable asylum system, or to appropriate for modern services. The bill declared that the official policy of the State of Minnesota is to recognize mental illness as a sickness and not as a stigma or disgrace, and appropriations are to be guided by the requirements for preventing, detecting, and treating a sickness.

By unanimous vote of both houses this bill of rights was enacted into continuing law, expressing for future legislative sessions, too, the wishes of the sovereign people of Minnesota. I want to acknowledge here the invaluable contribution of Dr. Daniel Blain, Medical Director of the American Psychiatric Association, who came to Minnesota to testify in its behalf. At the same time, I also wish to acknowledge the great contributions made by members of the profession at home and in other states.

Once the policy was established, we considered the matter of appropriations. We introduced a minimum appropriations request, free of all frills on which we would stand or fall without compromising a single penny. Appropriations requested were based on the minimum standards of the American Psychiatric Association, which we accepted as our base for this session.

The legislature not only passed the mental health policy act, but appropriated $28,000,000 of the $30,000,000 requested as well as an additional $17,000,000 to continue building programs started in preceding sessions. The per diem was increased from approximately $1.50 to approximately

$3.00. The monies provided for substantial increases in personnel, a 40-hour work week, a reclassification of the attendant group to that of psychiatric aides, a single standard of food, improved clothing, the inauguration of a research and training program, two clinics plus as many out-patient clinics as increased personnel would permit, increased staff for the central office, and authority for a Commissioner of Mental Health, to whom would be entrusted not only the institutional program, but the development of preventive and public educational programs, utilizing all resources and agencies of the state government for this purpose.

We did not claim then—and do not claim now—that the amounts requested would do the full job. The program called for only those factors which could be administratively absorbed during this biennium. The request was intended to be the bare minimum to start us on the long road ahead to modern mental health services; just adequate enough to make the mental hospital in Minnesota a house of hope, rather than a habitation for the living dead.

In talking of legislative gains, it is only to demonstrate the understanding and power of the people and the responsiveness of the legislature. Between the mental health policy act—the bill of rights—and the strength of the continuing non-partisan mental health drive there are assurances of continuity of program.

The significance of Minnesota does not lie in appropriations to date or possibly in those of tomorrow. Money alone cannot purchase program and philosophy. It certainly cannot purchase understanding of that most complicated of all mechanisms—the sick human mind. The significance of Minnesota is the significance of public understanding. Once Minnesota was a wide-open state for gambling; now it is a wide-open state for psychiatry.

It is a laboratory without the ceiling of mediocrity; a laboratory in which social blinders have been removed and in their place substituted the freedom to discard the traditional and to try the new. It is a laboratory not isolated by the walls of apathy, but one through whose open portals flows the life-giving strength of public understanding and support.

There are things which appropriations can stimulate, but not alone provide. The new program offers progressive psychiatry the opportunity to practice a philosophy which is completely oriented to the needs of the patients—of every member of the psychiatric team so endowed with insight, so inspired by the human challenge present, so committed to a relentless search for new answers, so dedicated to the affirmation of human dignity, that any patient coming into our service will have the feeling that everything we do is for one and only one reason: to help him get well.

The laboratory which Minnesota provides is the opportunity to establish

programs oriented to the elimination of stress and strain and to the maintenance of the highest possible level of mental health—to build better family relations, education systems, health and welfare services, youth projects, housing development and improved race and labor-management relations.

The laboratory furnishes the opportunity to develop a relationship between public psychiatry and the community so meaningful and so significant that the voodooism, fears, superstitions, and misconceptions which gave rise to the asylum will in time completely disappear from all areas of human relationships.

This, then, is the challenge—a challenge not of destroying, but of building—a challenge to explore not yesteryear's wilderness, but today's plateau of human dignity and welfare.

"If we can love," says Dr. Karl Menninger.

"If we can love; this is the touchstone. This is the key to the entire therapeutic program of the modern psychiatric hospital. It dominates the behavior of its staff from director to gardener. To our patient who cannot love, we must say by our actions that we do love him. We say to him:

" 'You can be angry if you must; we know you have had cause. We know you are afraid of your anger, your own-self punishment—afraid, too, that your anger will arouse our anger and that you will be wronged again and disappointed again and driven mad once more. But we are not angry—and you won't be either after a while. We are your friends; those about you are all your friends. You can relax your defenses and your tensions. As you—and we come to understand your life better, the warmth of love will begin to replace your present anguish, and you will find yourself getting well.' "

The challenge for public psychiatry and for individuals is the translation of this, not only into therapeutic activities, but into the whole field of human relations.

As the warmth of this philosophy, as the application of it to both patients and the general public seeps in, the challenge of the mental health frontier of today will be answered in terms of a richer and happier people tomorrow. We shall make mistakes and on more than one occasion lose the trail leading beyond the summit. But pray God that these be not the mistakes of faithlessness or mal-motivation, that these not be mistakes due to fear of climbing untrod trails—that in the people's quest we be not without guidance and the support of men and women of good will.

HOW COMMUNITY FORCES AFFECT THE FAMILY*

By WILLIAM C. MENNINGER, M.D.

The chief justification for a psychiatrist to discuss the subject of "How Community Forces Affect the Family" is his interest in the prevention of mental illness.

Actually the science of preventive psychiatry is very young. Only the few psychiatrists now working in college mental hygiene, industrial mental hygiene and a very few public health programs are devoting full time in that field. It is to be hoped that their number will rapidly increase because we must look to the professionally trained person for the development of principles and methods in large scale prevention. If our only solution to the problem of mental illness is treatment, the manpower and facilities can never be sufficient to carry the load. It is, therefore, imperative that preventive measures must be initiated which will decrease the incidence of mental illness.

A direct result of awareness of this problem, conspicuously manifest within the last three years, has been the formation of small groups and committees of psychiatrists to study the influence on mental health of educational practices, recreational programs, industrial organization methods and international relations. Groups are attempting to define the interrelationships of psychiatry and religion; one committee is studying family relationships.

Psychiatrists and their trained associates can supply the principles of mental hygiene and suggest their applications but they must be publicized and applied by the layman. The science of preventive medicine or public health began with and still is largely directed by physicians, but many of the most important measures are now carried out by others than physicians—the bacteriologist, chemist, sanitary engineer, food inspector, veterinarian. Furthermore, the influence of these persons is extended to many others—food producers and handlers, construction workers, plumbers, city planners, housekeepers. Probably most important, all of us have learned certain principles of physical hygiene which we may apply to ourselves and to our families.

In many ways the development of an effective program of prevention of mental illness will follow this same evolutionary course. The professionals must give guidance and direction; they must furnish and interpret the scientific knowledge regarding causes and methods. The measures developed must be such that they can be applied by the individual to himself as well

* Condensation broadcast over the Columbia Broadcasting System network, October 4, 1949.

as to groups—students, workers, executives, community organizations, and that basic unit of our social structure, the family.

There is one important difference between the development of mental hygiene measures and those for physical hygiene. Mental health depends almost entirely upon personal interrelations—first within the family and then within the community—and not upon tangible noxious elements in the environment like bacteria and bullets. Therefore, the chief workers in the field of mental hygiene will not be psychiatrists but leaders in all walks of life—teachers, clergymen, lawyers, office holders, law makers, community leaders and—probably the most important—parents. Not only are they the responsible persons who must establish the rules of the game of living but they are the bacteriologists, chemists, sanitary engineers, and food inspectors in the area of mental health.

There are some recent dramatic instances of the increasing acceptance of this responsibility by both professional and lay groups. The international public health authority, The World Health Organization with sixty-six signatory nation members, has established a section on mental health which will devote its major efforts to preventive work. A voluntary organization, the World Federation for Mental Health was formed last year with representation from thirty-three countries. The Midcentury White House Conference on Children and Youth, scheduled for next year, has stated its purpose to be, "To consider how we can develop in children the mental, emotional and spiritual qualities essential to individual happiness and a responsible citizenship." The Association for Supervision and Curriculum Development of the National Education Association has chosen the theme of "Mental Health for Better Living" for the 1950 convention.

Social Forces Within the Community

Experience has shown that the most potent forces in the formation of the personality arise within the family. It is equally clear that the community, which is an extension of the family, exerts many pressures upon the families of which it is composed. These pressures may be helpful supports to make family life richer and healthier, or they may be injurious and disrupting, according to how they are managed or mismanaged. What are some of these influences?

The *structure of government* is a potent influence on family life. Regardless of the type, it either contributes to the integration or to the disorganization of the families within its jurisdiction. This is evident when one contrasts the nature of family life in the totalitarian states of Germany and Russia and in our Republic. Nevertheless, even though we believe ours to be much the better system, we should not assume with smug complacency

that it is perfect or remain blind to its defects which so adversely affect the mental health of our citizens.

In a democracy such as ours, the psychological immaturity of many of its citizens is a serious handicap.

Leadership is another force which may work for or against mental health. Experience in the army proved again the direct relationship between leadership and mental health. Units under the same stress, living under the same conditions with the same training background, differed widely in their rates of mental illness. The chief variable was the type of leadership.

No one can be unaware of the number of immature, incapable, or unscrupulous men and women who win their way to elected and appointed posts in our government, from the federal to the community level. Under such circumstances it is understandable why one may lose confidence in and respect for government. Such circumstances contribute directly to the insecurity of the individual and to the family.

The unhappy fact is that this situation develops because of the apathy of intelligent citizens towards participation in the political life of the community. Rarely do more than fifty per cent of the eligible voters cast their ballots and many times as few as twenty per cent. This curious phenomenon in American life is in startling contrast to the enormous number of adults who attend the baseball games and the movies night after night.

According to our American system, regardless of how competent an individual may be in office, once there, we are inclined to criticize him much more than we praise him; the newspaper columnists try to expose him and congressional committees investigate him. Our office holders at lower levels are in many instances so under paid that it is only with real sacrifice that an eminently successful man can afford to accept the job.

Immaturity is further exemplified in the phenomenon referred to as isolationism. We see it in individuals with regard to their families; in some families with regard to the neighborhood or community; in some communities with regard to their state; in some states with regard to their nation; and finally in many nations with regard to the rest of the world. Such an attitude always represents selfish interests and not infrequently a kind of self-righteousness in which one is sure he is right and all others are wrong.

At the same time, there are many instances in which America has achieved the apparently impossible. We have developed the most efficient public health service in the world. We have extended the life span by many years. We have reduced infant mortality in a spectacular fashion. We have practically eliminated certain diseases. All of this has been accomplished in order that we might enjoy physical health. Can we not do the same for mental health?

The structure of our current social organization is a dominant influence in American family life. Both in general and certainly in specific localities, community organization and integration is improving. On the other hand, we must face the fact realistically that forces of rivalry, ignorance, specialization and competition are simultaneously at work which tend to prevent or may even destroy such integration. Community enterprises and agencies often operate side by side, one not knowing what the other does. Their chief concern is in the development of their own activity with secondary, if any, consideration given to the families whom they serve. The educational system has nothing to do with the industrial system. Neither may have a relationship to the community programs of welfare, recreation, religion or health. The city government may avoid relating itself to non-political agencies. Many churches refuse to become involved in other community programs—and so forth and so on.

Numerous writers have referred to this situation by the dramatic term of "atomisation."[1, 2] It is the family which must take all the bits and pieces of community living and insofar as it can participate, attempt to integrate them into its daily life. This is complicated because many of the community contacts are impersonal and therefore do not give the personal satisfaction that is essential for good mental health. An immediate consequence of this situation is that many, many families become isolated units because there are no, or at best only fragile, bridges for them to cross into the community life around them.[3]

As long as the social organization of our communities—and state and nation—lacks an integrated program, family life must suffer. The family must adjust to the educational facilities, the industrial system, the restrictions of urban life, the warp of political management, the inadequacy of medical care. The institution of the family is sturdy and resilient, but if we are serious about attempting to strengthen and enrich family life, it must be given the first consideration and not the last.

In addition, we may well resurvey some of our methods of a community's assistance to its families. It is so easy to confuse charity and welfare. Too many welfare agencies devote most of their energy to rescue work and ignore or have no time to initiate or encourage preventive measures. Providing medical services and increasing the police force in slum areas is essential but in no sense does this reduce or solve the underlying problem of intolerable living conditions. Because of the cultural lag, much of our welfare work is at the stage medical practice was when it treated typhoid fever but made no effort to purify the water supply.

Our tendency is to pay off our guilt in dollars and cents and thus salve our sense of responsibility about society's deficiencies. A specific example of this technique is currently costing our government millions of dollars

and at the same time contributing to the disorganization of family life. We pay people compensation for disability or old age or unemployment and assume that we are taking care of these problems. A meager financial stipend may provide food and housing for the aged but this does not insure a rich and satisfying life. Such a plan gives no consideration to potential productivity, no preparation for accepting retirement gracefully, no facilities for recreation or social life, and no mental hygiene clinics to modify the impact of abrupt change in their established life patterns.

Perhaps no aspect of our social order maintains a more traditional status quo than do some of our *laws* and *legal methods*. We still look in a book to find the punishment that should be meted out for a particular act of aggression, with no regard for scientific knowledge about the personality, and minimal regard for circumstances. We still go on incarcerating prisoners to punish them and offer them no program of rehabilitation, knowing full well that it is the exceptional prisoner who is ever reformed in this manner. We continue to commit patients to state hospitals with a legal instead of a medical procedure. Our laws tend to make divorce a hazard to marriage because they provide such an easy means of escape from facing the problems of marriage in a mature manner.

The processes of *industrialization* and its copartner *urbanization*, materially affect the mental health of the individual and family. Some of the problems are the result of the gradual shift in population from the country to the city. Until 1910, more than half of our population lived in the country. In 1948, sixty per cent were living in cities.[4] With this migration have come changes in family relationships and responsibilities, many of which have a direct repercussion on mental health.

One of the most significant changes affecting the urban family is the economic pressure that forces many wives and mothers to work outside the home. In 1910, approximately two million married women were in the labor force.[5] In 1948, they numbered eight and a quarter million. Whether this is because of necessity or choice, it vitally affects family life, particularly the personality development of the children.

Industrialization makes other demands on the family. The use of the freedom to strike often costs the striker's family dearly. It must somehow or other not only adjust to lack of income, but also to the secondary psychological effects of insecurity about the future, idleness, resentfulness and perhaps social disapproval. Forced unemployment, whether caused by strikes or depressions, produces an effect on the mental health of two generations—on the individual adult who is out of work and on the children who must suffer the consequences of economic privation, loss of standing of the parent and misunderstanding of playmates.

To date only a very few psychiatrists have devoted themselves to the

problems of mental health in industry. Nevertheless, the experience of these few, supported by our extensive clinical practice, leaves no question as to the enormous impact of an increasingly industrial society on the health of the individual worker and his family. Surveys indicate that the most important single cause for absenteeism in industry is personality disorders,[6] a fact paralleling the army finding that these were the chief loss of manpower. Unfortunately all men are not created equal and for many reasons their capacities to adjust vary widely. When a major readjustment is required in changing from rural to industrial life, some personalities bend and others may break. This fact is either unrecognized or denied by many leaders in management, economics, and government. Only very recently the World Health Organization strongly recommended to the United Nations Social and Economic Council that the impact of industrialization on mental health be studied. Only two of the delegates approved. Our own American delegate voted negatively, apparently believing that such a study of the effect of industry on mental health was of dubious value.

Much has been said and written about the *housing shortage*[5] and its effect on the families concerned. In our culture, it is extremely doubtful that a family which has to double up with another family can achieve maximum mental health. More building than was ever anticipated has not closed the gap between supply and demand in most urban areas. In 1948, there were still two and a half million married couples living with relatives or in other temporary quarters.

A very serious hazard to mental health is the necessity for beginning families to pay too high rents or buy a home with payments far beyond their budget allowances. Too many newly weds and older families are living on marginal financing. Concern over what to do in possible emergencies, the necessity for both mates to earn the maximum salary, sacrifice of educational hopes, delay in having children, over-work, restricted recreation, separate interests, excessive responsibility and other factors, all take their toll of emotional, physical and intellectual energy. They may even temporarily impair and/or permanently damage the mental health of one or more members of the family.

Perhaps slums and tenements and crowded living quarters are an inevitable result of urbanization. However, it is impossible to conceive that under such circumstances a family can live a rich and satisfying life. For that reason it is most important for the community to assume the responsibility for solving the housing problem. It is equally important to supplement crowded living conditions with adequate recreation facilities.

Next to the parents, the *educational system* has more to do with the formation of young personalities than any other one community force. We have developed an educational program of which we can be justly proud but on

the other hand, it is not enough to impart information if in doing so we do not teach children how to live. We excel in the former. We are extremely backward in the latter. Our priorities are obviously mixed up, as evidenced by the fact that we spend nearly three times as much for liquor as we do for primary and secondary education of our children. We have lost 350,000 teachers within the last five years, chiefly because we expect them to subsist on marginal salaries.

Prejudice and discrimination exert a powerful influence on every American family. Discrimination, the chief expression of America's number one social neurosis, causes untold suffering to great numbers of families.

There are numerous indices, such as the great increase in the number of divorces and the high incidence of juvenile delinquency, that suggest the undue strain placed upon family life in America. The net result as seen in our communities seems to be a looser structure of the modern family, as compared to the family of a few decades ago.

Constructive Suggestions

Perhaps a first step in any community towards the solution of these problems is the formation of a committee of interested citizens representing many walks of life whose purpose is to integrate the activities of that community in terms of family needs. We can never hope to reach the goal of truly effective family living when every agency and activity in the community expects the family to do all the adjusting to their widely varied demands.

Second, it could well be the first function of this committee to evaluate the problems and to establish priorities on those which are in the greatest need of attention. This would entail a survey of the types and causes of social pressures that are threatening the family. It must also include a studied plan for the correction of those pressures.

The third step would be to enlighten the community about the needs and to enlist individuals and organizations in a concentrated participation in various aspects of the program. Major social changes can only be made when the citizenry becomes so convinced of the necessity for them that it it willing to work hard enough to bring them about.

In any planning, if it is conceded that the family is the basic social unit, provision must be made from the start for the family to participate in the program. The provision of community facilities to supplement family life in urban America is useless unless the families to be benefited contribute thinking and effort to the change.

In the long run, only an increasing maturity of thought and emotional response in more and more of our people will bring about the desired improvement in mental health. To accomplish this, the leaders in all walks

of community life—teachers, ministers, employers, labor leaders, parents and all others, need to inform themselves about mental hygiene, set an example in its application, and assume responsibility for teaching its principles to those whom they serve and represent.

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THE FAMILY AS A BASIC UNIT IN COMMUNITY STRENGTH

By LILLIAN GILBRETH, Ph.D.*

My assignment is to represent the family and the home from the inside, presenting their needs and urging that they be met. If I speak as an engineer, it is because each of us is apt to use the experience that he has and to speak the language that is most familiar to him.

A family may be defined as a group of people held together by close ties and functioning in a community. Webster says. "The family is a body of persons who live in one house, and under one head or manager; a household including parents, children, and servants, and, as the case may be, lodgers or boarders." Webster does not seem up to date on servants, nor encouraging when he continues, "any group of persons sharing a common dwelling and including the extremes of a single person living alone, and the inmates of a hotel or a prison, poor house, or an asylum." Comparing my definition with Webster's, can we accept as an ideal for a family, "A united group, well integrated into the community, and an asset to it"?

When we compare a family to a church, an association, a school, a business or an industry, we may well ask if all of these do not aspire to fulfill the same definition. Perhaps one of the chief questions we should raise is "Just how is the family like all other institutions and just how is it different?" Perhaps we can help answer this question by discussing the responsibilities and the opportunities that belonging to a family implies.

There are tremendous opportunities in a family to give and to take. In a happy family you give according to your ability and you take according to your needs. I well remember evenings when our family was growing up, when children and their guests all turned out their pockets to see what was left of the week's allowances and then planned how the money was to be spent. The project was shaped to fit the available funds and to include everyone. The giving and taking comfortably, with no thought as to who gave what was an important part of the procedure.

There are opportunities in family living to point out ways in which one can be an asset and not a liability. No one likes to be called a liability, but what is a person who makes unnecessary work for others? And what but an asset is a person who does work for the common good? Even young children understand this, and sometimes pose stimulating questions. My own children asked, "How about the baby? Look how much she costs! Look at all the time it takes to look out for her! Are you going to call her a liability?" When I asked, "What do you think?" the whole group started to discuss the matter. Finally we resorted to the famous Benjamin Franklin

* Montclair, New Jersey.

device, listing the reasons *for* on one side of a line and the reasons *against* on the other. The totals showed that we all concurred that the baby was an asset, partly "because of" and partly "in spite of" certain things.

Family living gives evidence that it is often more fun to give than it is to get. It proves that sharing is a great satisfaction, when one shares willingly. But the emphasis must be on the *willingness* of the giving and the sharing.

The family is the ideal group in which to work out human relations. I do not claim that it is the easiest group, but it is the most significant. All human relations are important. They may be labeled industrial relations, or labor relations, or public relations or family relations—fundamentally they are relations between people. The *place* in which the family is related, the *time* that the family maintains its relationships, the way or *manner* in which the relations function—all these things combine to furnish problems that are complex and alive. Here are involved differences of age and temperament, but likenesses of surroundings and experiences. Here are possibilities of following causes through to effects, or tracing effects back to causes. Here are warmth and motivation, skills and their resulting satisfactions.

Necessarily I speak of experiences in large families. As the eldest of nine, the mother of a dozen, now the grandmother of twenty, I fear I can be of little use to the small family. I believe, however, that size of the group is not a factor of prime importance and I can testify from close observation that the problems of the only child are being well solved in most of the families I know where there is but one.

Both the opportunities and the responsibilities of the members of a family group are problems. I believe that we should realize, as soon as we are a part of any group, that life is a series of problems and that our job is to find the answers. We must state these problems simply, clearly, face them squarely, bring to them every resource we can find, and try to solve them. If we fail, we must say, "Well, I did the best I could. Maybe there are other people who can do a better job. I'll take my experience to the next problem and try to do better." If we succeed we must not only file the answer along with the problem but evaluate the answer and the experience as an asset in helping to solve the next problem. For all that we can expect is a series of problems. Family life proves this and it furnishes the assurance that we shall never be without problems that are pressing, interesting and demanding.

Another opportunity that family life offers is a chance to rehearse for other experiences. It is the place for experimentation. Everyone should understand that it is right and proper to try out ideas and behavior in the family circle, to test their validity and acceptability. It is a first step in

happy participation in other groups. I remember one small boy who was an experimenter with words. He loved new words, but he invariably pronounced them wrong or used them in a sense known to no one but himself. It was a difficult thing to help the family to help him, by interest and encouragement, to acquire not only the words but their proper pronunciation and use, in the hope that the rehearsal would result in an assured but modest use of the new word the next day at school, before an admiring class and an understanding teacher.

How do the members of a family learn to sense their responsibilities and to accept them? First, by anticipating and preparing for the possibilities. Then by outlining clearly the way in which they are to be handled. In business and industry we depend on standing orders, which are derived from standards, which are derived from policies, which are derived from beliefs. When we plan, we check to see that the standing orders reflect present practice and also whether new ideas have been received and incorporated in an orderly way. If our standing orders seem hazy or confused we call for the standards. If these are not clear, we check the policies. If these are not available, or are indefinite or unsatisfactory, we ask for the beliefs that they are supposed to present.

In family life we may have to start with formulating the beliefs that we all agree must motivate our conduct. Then we may have to formulate these into policies, these into standards, these into directives. All this need not be formal, if the entire family group knows and understands the reason for the directives. But in an emergency where a decision needs to be made without the long and valuable process of integration of the opinion of each member of the group, simple, clear available statements of beliefs and policies are invaluable.

The making of such statements is a wonderful opportunity for the exercise of the democratic process which is the basis of facing family responsibilities adequately. The need for such statements can be brought out in some situation where fundamental reasons for an action are more important than surface reasons. The Job Relations Training course, which was such an important part of our Training Within Industry program during the war, showed us that successful working out of human relations problems can only be assured when the real fundamental problem is known. In industry, a worker might have blamed the supervisor for her upset nerves, when really the hurry and confusion of breakfast at home and the fatigue of bus-riding to the plant caused the condition. So a child can carry an upset in the home into a school situation, or the other way round. Only when we realize the total situation and the root difficulties can we come to the real cause and effect. The family group, if it is functioning democratically, can work out ways to find the real causes of problems. Then through the

same democratic process it can bring to the solution the beliefs, policies, etc. appropriate to the situation, and test the adequacy of these at the same time.

Perhaps we should stress here the value of what we have come to call "the art of communication." If every member of the family can bring to the democratic process of discussion and decision embodied in the family council, objectivity, mannerliness, and the ability to put his thoughts and actions forward attractively and cooperatively, the process goes forward much more smoothly. Here again we must remember that we are rehearsing for other group situations and later life, and we must patiently and lovingly observe defects to be remedied and improvements to be appreciated.

But there are other opportunities and responsiblities in the family than making decisions. Taking over and doing jobs is essential. We have in some ways greater problems than our ancestors in finding home jobs that need to be done, that contribute to family living, that call for skill and that give worthwhile satisfaction and experience. But the fact that we do not have the same "chores" that our fathers and mothers or grandparents had is no reason to feel that there is not work to be done for the modern family. Housekeeping still provides many jobs. Homemaking still provides many responsibilities. We are coming to see that management problems are as great as ever, but include different techniques. Budgeting money, time and energy; purchasing; scheduling; utilizing power, machinery and equipment; handling personnel procedures—who can say these require less participation of everyone in the group than in the "olden days"? Complexity and tension seem to have increased with the years, but are we sure that the rate of maturation and ability to take responsibility have not increased also? Responsibility sharing is a "must" in today's successful family life.

We have borrowed *from* industry many techniques of handling work situations—i.e. the job description; the determination of the physical, mental, emotional, and social demands of the job; the methods of time and motion study as they result in work simplification; the methods of personnel work as they concern retirement, selection, placement, training, motivation; the job evaluation, merit rating and skill study that are making work interesting as well as profitable. We are contributing *to* industry the intensive study of human relations in action in the family and this has helped to shift the emphasis in industry from making things to making people who, when they are capable and happy, make more and better things.

From experience in home and family life, we have derived a few important conclusions. One is that integrity is of paramount importance. Not only honesty in money matters, but honesty in every relationship of life. Honesty toward the job and the way it turns out; in quantity and quality

of work. Honesty toward agreements and promises. I remember a small daughter who said, when I asked her to do something, "I can't, Mother." "Why?" I asked. "Because I promised." "Well," I said, "a promise is a sacred thing. Would you mind telling me whom you promised?" She did mind, but she answered "I promised myself." It was some time before she volunteered to tell me why she promised herself. When she did, it gave us a chance to discuss the seriousness of a promise, a contract, an agreement. It taught me that integrity permeates every situation in life.

Another conclusion is that skill is of great importance in family life. In its broad sense, skill covers knowledge, dexterity and adaptability to meet changing situations. Knowledge implies learning all ones life, and perhaps before and after that. I want to stress the place of the Public Library in furnishing knowledge. Dexterity, it seems to me, is neglected in home situations as it is in school, except for those who are supposed to need it most because of being handicapped in some way. As a matter of fact any one who lacks dexterity *is* handicapped! Dexterity is an essential part of many jobs, and an asset in hobbies, sports, and recreation. As for adaptability, it implies not only physical but emotional endowment and education. It is a factor in the relationship of pace to tension, a relatively unexplored and most important subject for study in family life.

The home then is a marvelous place for research. It is a place for rehearsal, for activity, for living. And if in family living we keep interest, a sense of humor and the light touch, we not only accumulate happiness as we go but look back on our experiences with satisfaction. If we have worked together and played together; rejoiced together and sorrowed together; educated each other and had fun together; we have perhaps made our greatest contribution to community as well as to family life.

HOW FAMILY FORCES AFFECT THE INDIVIDUAL

By O. SPURGEON ENGLISH, M.D.*

The dynamic psychology of the last half century which has focused the spotlight of its attention on the psychosexual development of the child as containing the nucleus of personality, plus direct observations of children themselves, has thrown the family as a social unit into sharper relief. It has made the defects of family life more glaring and in so doing it has also served to make the exposed family members glare right back at the spotlight holders. In fact, some have even seized the spotlight and turned it round upon these researchers with the result that one articulate mother wrote the following lines in protest:

"My thesis is that while psychiatry considers the home of tremendous importance the root of probably all psychiatric difficulties and almost the only place where most of these difficulties can be resolved, it has not thought of the problems of the home itself. I think current teaching on childrearing tends to alter the center of gravity of the home, making the child the center, the king, and too often the tyrant. Certainly, a child needs security and love. But I suspect the definitions of these words have gone a little astray. We should not eliminate consideration of other members of the household. I see people who were the recipients of love and tenderness, care and concern, who were the center and the delight of the home. And now, grown and married, they will settle for nothing less. They were never asked to give concern, or be considerate or enjoy seeing someone else succeed. So now they consider the husband (or wife) cold and without understanding, and the children dull and unpleasant, because they are not the center of a constantly admiring audience. No, the loving tender care that makes the child the center of the home is a dangerous preparation for being an adult."

Now we think any fair-minded psychiatrist would admit that these lines are penetrating and realistic and no more a caricature of the psychiatrist's position than they themselves have used on occasions in their portrayal of the injured child without explaining why the parents must inevitably so injure him. But as our friend contrasts her position with that of the psychiatrist, we are enabled to see the extremes much more clearly and are, therefore, better able to see the middle ground also. We are better off for seeing both the needs of the child and the needs of the parent and that these must inevitably conflict with each other.

It seems a sad and unconstructive discovery to learn that the home is a place of conflict, but if it must be so, it is much better that we *know* it is so in order that we may begin to do something about it, if we can. Furthermore, in spite of the truth and justification for the mother's quoted remarks we have to return to the fact that any improvements which can and will be made must be made largely by the parents. The child can or must

* Philadelphia, Pennsylvania.

cooperate, but it will be the parents who initiate improvement in family life. They have both the power for control and supposedly also the intelligence for leadership. If our theories are correct and we advocate a regime which will reduce neuroses and allied conditions and parents reply that parenthood is too strenuous for them, then what do we do next? Is this a problem which calls for help from some source to supply a mother's helper for every home?

Such a proposal was made in the report of the Royal Commission on Population to improve conditions in the Great Britain home*. They suggested a mother's helper for the home which contains an only child under the age of two. As this child becomes older or other children arrive, then more family services are advocated, such as baby sitters, day nurseries, and nursery schools as a normal part of family life, and not just as a provision for emergencies. Also, mothers should have adequate holidays with school holiday camps for the children and rest homes for mothers. Furthermore, better provisions were recommended for taking some of the drudgery out of washing and ironing, particularly when there are small children. The parents would contribute toward these services according to their means. The general purpose of this would be to produce a family-minded nation in place of the present day machine age mentality, which is concerned only with the adult who is a maximum producer and preferably unencumbered by family responsibility. All these and more attention to sex education and home-making courses in school and adult extension courses in the psychology of marriage were thought necessary for the prospering of a community in which birth control was generally accepted and in which the members are questioning the worthwhileness of replacing themselves unless child-rearing becomes easier and less fraught with drudgery and personal frustration.

Now one may argue that Great Britain is not the United States, but when two nations share so much in human values we must pause and consider some of the implications of such deliberations on family life by a sister nation. Their suggestions seem designed to meet many of the stresses and strains complained of by many home-makers, who are mothers (we distinguish between home-makers who are mothers and those who are not). Certainly we would feel that the home-makers have benefited by what the machine age has done to add to leisure time. But when the home-maker adds motherhood to her responsibilities, then we would be inclined to agree that the machine age hasn't made many contributions to ease the burden.

The incessant emotional needs of small children and even large ones aren't met by machines. Only human beings can do that and they need to

* Reported in *Family Life*, Volume IX, No. 9, September 1949, edited by Paul Popenoe.

have wisdom and endurance to do it. Moreover, to add mother's helpers and baby-sitters would not be an unmixed blessing since any helper in the home, being human, can create nearly as many problems, emotional and otherwise, as she solves by her presence. Furthermore, we might well ask to what extent these proposed additional people become "family" and to what extent they remain outsiders. To what extent will parental influence permeate through them to the children. (Not that dilution of parental influence through a good assistant cannot be beneficial!)

One might well suggest that some help be given in the beginning, but that the eventual goal be larger families so that the older children take care of the younger. A mother who had a child yearly until she had ten was asked why she had so many and replied, "Blessed if I know a better way to keep the youngest one from being spoiled." There was doubtless more wisdom in the mind of this mother than appeared in this remark, although as it stands, many would not deem it nonsense. At any rate, there is, we feel, good reason to question the methods of a society which emphasizes massing more adults willy-nilly to divide their time with the young without being sure what the young need, and what the grownup should provide to meet those needs.

The family is a very complex unit of people, even when functioning at its very best. When we think of the well functioning family, we envision a man and a woman about the same age, healthy, capable, with well rounded interests, many of which they share in common, who a preciate and enjoy each other and each other's friends and who take considerable pleasure in sharing their lives with several young children. However, if we consider merely our high divorce and separation rate, we must realize that a great many families in this country are those containing divorced parents, widows, widowers, and step-parents. Then if we add the presence of mothers-in-law, fathers-in-law, and grand-parents, we can see that this picture of the supposedly simple family pattern becomes complicated by the presence of a great many other people. Also must be considered foster parents and parents who have adopted some or all of their children, not to mention other possible departures from the ideal one in which the mother, father, and offspring, remain together in relative harmony.

When we consider the forces which affect family life, it seems we must also put this family in a certain perspective, historically and politically. The whole development of democracy, bringing to the individual, dignity, freedom of speech, the value of love and liberty for liberty's sake, has been a development that is not so many centuries old. In spite of our devotion to this concept and its own popularity, we must remember that a countertrend has sprung up in the last thirty years and that totalitarianism, with its subservience of the individual to the state, its absolute authority, its

pageantry, and its telling everybody what to do, has made great strides. Whether we like it or not, a large part of the world's population has seen fit to swing back. Certainly, psychiatrists advocate democracy in the family and with a large output of literature have been advocating its furtherance for some time. Some of our critics are asking, however, possibly with reason, whether as a result we are making children happier and whether we are decreasing the number of maladjusted and unhappy adult people.

There is one trend which the philosophy of democracy and family life seems not to have taken enough account of and that is the difficulty of bringing about concerted action in family life. This does not mean the kind of concerted action resulting from a father-dictated family policy. Yet with the passage of time and with every family member demanding and being given his individual rights, the result is often a divided and neurotic personality coming from a family in which he has neither received discipline for its sake from the parents, nor has he been able to formulate any satisfactory goals or satisfactions in living, as a result of his own freedom, to choose. This is not to say that the changing and modern approach is wrong, but it does indicate that we haven't arrived at the eventual solution of the secret of producing large numbers of stable and happy and useful personalities.

Let us examine, therefore, what might be expected from every family. By family we mean largely the adults who populate the home.

What Should be Expected from the Family

Seriously, the challenge to the grown-ups seems to be that of knowing how parents can provide:

1. More time to spend with children.
2. More patience with the child's difficulties in growing up.
3. More knowledge of the nature of human emotional growth.
4. More affection to meet the tremendous love demands of every child and adult.
5. More resourcefulness in absorbing and redirecting aggression.
6. Better techniques for eliciting cooperation and enhancing the pleasure of group living.
7. More opportunities for participation in a variety of home and social activities.
8. Opportunity for their children's exposure at periodic intervals to a variety of thinkers and speakers on the subject of human destiny.
9. An ever-increasing knowledge of how to create a better marriage and home atmosphere.
10. More participation in the emotional and educational dynamics of family life by fathers.

Before discussing these points, let us reiterate that the traditionally good citizen is not necessarily a good parent. It is the adults who claim to have the wisdom and who propose to conquer the world's problems. There-

fore, it seems not unfair and certainly pertinent to say, "You are a good engineer of a beautiful and durable bridge, but a poor engineer of your child's adaptation to life. You are a good clergyman and preach a wonderful sermon to your congregation on man's obligations to one another, but you do not put this into practice in your own home. You are a wonderful doctor for searching out the cause of illness and planning the cure, but you cannot diagnose the unhappiness in your own family and do what you should to cure it. You are an eloquent lawyer in the courtroom and leave no stone unturned to obtain justice for your client, but you do not try to understand and alleviate the sense of injustice in your children." This could apply also for the mechanic, the gardener, the butcher, the baker, and the housewife. All are interested in good performance and appreciation for their efforts but can they apply this at home? Not as much as they *could* and *should!* But they would, if they knew the far reaching implications of their ignorance and neglect.

Time and Teaching

The first eight points we stressed in regard to the family's responsibility to the children concerns time. We think it can be generalized that there is a tendency for so-called "busy people" "important people," people who are "in demand" to fail to find time for their children. In such people this is to some degree understandable not only because of the satisfaction which comes to them from participation in social progress, but also because of the satisfaction ensuing prestige brings. However, it is perhaps more to be regretted that the very people whose abilities make them so busy or those who are so aware of social problems or those who are adept at some special skills or possess special knowledge cannot or do not take the time to share this with the younger generation both in and out of the home. Their zeal to save the world or do all the work in sight by themselves may represent some escape from dealing with the education of the young, but we think it most often because they haven't been sensitized to the fact that every person has so much to learn in his youth and he needs so much teaching from every interested person, especially the parents.

Some parents who are not busy and have time on their hands do not *have time* in the sense that they want to *give that time* to their children. They need to be shown how they can prevent, through working with their child in the present, later despair, maladjustment, family friction, and ill will. Among this group are many fathers who make a large financial contribution to family life, but a very small contribution emotionally, socially, and educationally. Many problems arising in families with capable parents who knew how to live their own lives with some degree of success, but never took the time and interest to make sure their children learned it too.

Now of the people who take the time to spend with their children and try to teach them, *there are some who have little patience.* This is often because they are essentially impatient people, but it is also sometimes due to the fact that they know too little of the nature of the child they would teach. They neither know the nature of the child's needs nor the proper timing whereby he should receive gratification for them. For example, a child has a need to engage in both work and play with adults, in order to get a feeling of pleasure associated with these activities which he will use again and again all his lifetime. But when he tries to make this need known at say the age of two and half years, he may be regarded as too young or a disturber of parental routine and receive rejection and discouragement.

The needs of children and how and when these needs should be met will not be repeated here except to make one point about the giving of affection. We still have to educate people to be unafraid that affection will spoil and weaken and become a force inimical to discipline. Actually, discipline is easier in a setting of affection. And affection given freely and properly balanced with demand, strengthens rather than weakens. However, in this greater dilemma of proper blending of affection and discipline, we feel the approach on the part of the parent should be, "I'm happy to give the affection and I know you will meet most of my expectations when I need you to do so," and not, "I expect you are going to be pretty hard to control, but in case you do conform the way I want you to, I'll be nice to you." We believe, in other words, that the family has some obligation to show the example of faith, trust, and confidence early and continuously.

Aggression

In the matter of meeting and handling aggression the family has a great responsiblity—one it has met inadequately up to the present time. If this sounds like undue criticism of the American parent by a psychiatrist, let us hasten to share the blame and say that psychiatry, psychology, and child education have not shown the parent enough ways to understand and handle aggression. The aggressive nature of human make-up is most generally accepted, so we turn our attention to what to do about it. There are probably few parents who actually want their children to be over-aggressive, since even the toughest of parents have a suspicion that they will feel the effect of this aggression turned upon themselves some day. But there are a great many who fear their children won't get along in the world and be able to take care of themselves if their expressions of aggression are actually diminished in intensity or shunted into socially accepted channels. There are furthermore some who know all too little about the techniques of good will, tact, and kindness, and if they do know about them, will tend to consider them weaknesses rather than strengths. However, let us

return to those who do not like aggression, who want peaceful, considerate, offspring and actually do not seem to know how to accomplish this.

No discussion of molding aggression in the young could be complete without saying a word about counter-aggression in the present. Certainly, children are not likely to benefit from a limp and long suffering parent, or a devalued or depersonalized one. And here psychiatrists are getting a fair amount of censure whether they deserve it or not because they have emphasized so much the dangers of frustration by parental dominance. The same mother from whom we quoted in the beginning says:

"There has been too little emphasis on what parents can do in a positive way to create, mold and develop, and too much on simply being a reservoir of patience, affection, and understanding. Certainly, we must be these last three things: They are the true foundation, but they are not the only needs. The words authority and discipline have fallen into disrepute, but I feel they must reside with father and mother. We have been frightened away from them by the threats of father-mother dominance and 'momism,' but these things are only the excesses of two very good things. There is great security to the child in the knowledge that his father and mother will protect him from behaving badly, and will teach him what they feel to be right. If they will do these things from love of the child rather than from a need to prove themselves, I think it is the greatest security of all. Because it will show the child how to earn the love and respect and approval of a world that gives love, but insists that something is due in return."

Since the author couldn't put any more clearly his thoughts on the proper setting of the home climate for blending (a) the child's needs (b) the parents' limitations and (c) the necessary social sublimation of aggression, we have let this mother's words speak through this paper what we feel to be some important truths in a very fundamental parent-child relationship.

A child needs someone who loves him and who can also outline a plan of development around which he can discipline himself. The young do not see much of the best in life unless it is placed before them in some organized form.

Social Values

Too few people know how to entertain themselves or someone else. A family should teach the young ones to converse amiably and interestingly with older people. This can begin with the family group at mealtime by cultivating the art of conversation, rather than allowing the dinner hour to become a time for all and sundry members of the family to air grievances and criticisms. Moreover, adults can help in this by showing an interest in conversing with the children about their activities and friends. Art, music, collecting, photography, sports, or any other activity, help not only to bring the young one to have pleasant memories associated with nature and with people,but enhances those emotional ties which insure security from

loneliness, isolation, and boredom, and which incidentally but importantly lead to the best social usefulness of aggressive impulses.

We have suggested that the young be exposed periodically to those who will discuss human destiny. No doubt such a plan would subject the youth to a great many platitudes and cliches, for it takes an unusual adult to expose to the young his *real* beliefs, share his weaknesses with them and admit the humble sources of his strengths. But perhaps a third of the time a person would appear with wisdom, humility, sincerity, and a gift for talking to the young, and the idea would be worth the effort. Such a forum would be a community activity sponsored by the home and from which parents themselves would have to agree to stay away, so the speaker could with greater ease be himself with the young. The wholesale accumulation of knowledge in the classroom needs to be leavened with a visiting mind, who can talk to the young and make them think of how to utilize in a more effectual way what they are receiving from life and from books.

The Dynamics of Family Functioning

Finally, there is the great secret of what makes the family function. How many parents convey to their children by deed or word that the pleasure of living together and having children is of greater emotional intensity than the worry about them and the responsibility and expense of raising them. And if they could answer in the affirmative, would they be able to convey to their children what goes into this desirable state.

The title of this talk is "How Family Forces Affect the Individual," but in many instances there has been a conspiracy on the part of the adult leaders of families to see that family forces did *not* permeate the child's consciousness. If they had to scrimp to send him to a certain school or buy her certain clothes, they concealed the fact because their own pride would be hurt to confess it. Although they would have had only a problem in economics to explain, they seemed to fear criticism for not having been born rich, or being good money-makers or better managers.

They wouldn't be seen by their children hugging or kissing each other or talking of their devotion to or their need of each other, lest this seem weak, childish, or immoral, and might conceivably invite some question which would lead to a discussion of sex. The result of our hypocrisy is that most children find their way through dating, courtship, marriage, love-making, and family-rearing all too much alone and making the same mistakes over and over again.

It must be remembered that a great many children are the result of the fact that the sex act is such a pleasurable human performance. As the children become older and begin to present problems calling for patience, good will and wisdom, the parents somehow have lost much, if not all, of

the pleasure they had in each other's being together. They no longer enjoy each other or find a source of happiness and rejuvenation in each other. They have become burdened with their respective responsibilities, and their emotional attitudes toward their children are fairly ambivalent. Considering the many changes which take place in the human personality between the time of the honeymoon and the next fifteen years, it would be superhuman if they could manage things so as to devise adequate satisfactions for themselves in life and achieve with any consistency that continuous desire to help others, including of course, the children.

This calls for the family to ask that the school system assist it in the matter of sex education and preparation for marriage. Theoretically, these things should be taught in the home. The home should be able to teach family life best. But it hasn't accomplished this so far and we doubt that it will, left to itself.

The school system is a more stable repository of knowledge which the family needs to help it in this important task. Any random couple who set out to rear a family can be entirely too capricious, inhibited or prejudiced to help their young with the important business of being good parents-to-be themselves. If the schools get ready to give this problem a steady impetus from year to year, the family can be a good or bad ally, but in any case the growing individual gets something of the necessary knowledge and inspiration for the task of parenthood. It is true that not many teachers, schools, or parents are yet ready to have the schools help to study family life and give it the place of dignity and value in our minds that it deserves. But the idea is growing and will eventually become a reality, we believe.

In conclusion, the family has much to learn. It needs to find sources of strength over and beyond state and government subsidies. In our rapidly moving world, we are in a race to make up in ideas (psychological science) what originally existed in a home, because formerly the family were perforce thrown in close contact with each other and looked to each other for satisfaction and security. In spite of the increasing speed of our existence, it appears doubtful if we will prosper unless we learn the importance of pausing frequently to come in touch with each other more tenderly and wisely. The family has always been the place for this phenomenon and society has always blessed it. We must be careful not to squander this heritage. It is the common denominator of the best kind of living of the past and the precepts of modern dynamic psychology.

THE ANATOMY AND PHYSIOLOGY OF THE PERSONALITY

By KARL MENNINGER, M.D.

The subject announced for my talk may seem like a very dull one, likely to be too obvious or else too recondite. Every person is conducting, at this moment, several trains of thought, and one of them common to many is probably this: "What does this subject have to do with me? How can this help me with my great worry?"

What I shall say may not immediately help anyone with any specific worry. I hope, however, that it will indicate upon what basis *some* great worries, *some* threatened catastrophes and dissolutions, can be scientifically studied and effectively prevented. This constitutes the substance of psychiatry, the techniques and the accumulated knowledge which make up the branch of medicine which I represent and which forms the basis of the work at The Menninger Foundation. One thing we know of inescapable pertinence and seriousness: There is a vast, widespread need for such scientific studies and such help. According to the latest statistics,* one person in six will spend some time in a mental hospital if he lives to be eighty; one in every three will find need for the counsel of a psychiatrist. And it all has to do with personality. For these are personality affections.

In any discussion of psychiatry, in the presentations given by psychiatrists, the word personality keeps cropping up. I think listeners are sometimes confused by this. There are so many meanings to the word "personality." We all speak glibly of the personality of our friends or of certain public figures as if it were some intangible efflorescence that emanates from people. But psychiatrists use the word "personality" in a very definite way. I think it is a good thing to make it clear to ourselves and to our listeners from time to time just what we do mean by the word.

Originally, as you know, psychiatry was the science of the healing of the mentally ill—the medicine of the mind, so to speak. It was a specialty within the general field of medicine and the psychiatrist differentiated his work from that of the general physician, the medicine of the body, because the mind and body were sharply distinguished in scientific thinking as well as in popular thinking.

Today, however, we consider that mind and body cannot be separated, and hence medicine of the mind and body cannot be separated. It may seem to you to be separated—there are very good eye doctors, and ear doctors and throat doctors and heart doctors and bone doctors. But good specialists never forget that these eyes and ears and hearts and bones

* *United States Air Force, Project Rand* #R-157. By Herbert Goldhamer and Andrew W. Marshall, New York, July, 1949.

belong to persons, to personalities. The doctors who do not concentrate upon any particular part of the body or even upon the body itself, but upon the interaction of all parts of the body and all parts of human living perhaps ought not to be called specialists at all. Psychiatrists are in just this position today. They are the doctors concerned with medicine of the mind and body together, and this togetherness is what we mean by the personality. The personality is the total individual. From this point of view it is the medical doctors who treat just the body who are the specialists.

The personality begins, then, when the individual begins. When a fertilized ovum starts growing, we know just exactly what morphological stages it passes through in the direction of a fully developed fetus. This constitutes the subject embryology. But when an ovum starts growing, personality starts growing. A personality has begun as well as a little body. When a baby is born, the mechanics of which constitute the special study of obstetrics, a personality appears in the world, too. And as the baby grows and develops, the personality as a whole is growing and developing—not just a little human infant's body. For having been born, the new little personality begins a process of adaptation and adjustment. He has to make proper arrangements, so to speak, with the climate, with the phenomena of light and darkness, with this substance air which he was able to get along very well without for nine months. He has to learn to take in water through his mouth and absorb it through his intestines. Most important (and difficult) of all, he has to get acquainted with and establish some give and take with other individuals, other personalities—his mother, the nurse, his father, and various individuals in the home and outside of it. He has to get adjusted to such things as the law of gravity which didn't concern him for a while, but which now comes to be very important. He has to get adjusted to clothes, which people strangely insist that he wear about him at all times; he has to get adjusted to beds and to chairs and to noise.

You will think of many details in his external environment which successively come to be important to the child, and with which he has to connect in some way (or else *avoid* connecting). There is an increasing discovery of what might be called positive or plus objects, and negative or minus objects—the latter being those which he has to avoid because they are painful, unpleasant, dangerous, etc. And as he continues to grow he makes a distinction between those objects which are two-plus and those which are four-plus, and similarly those which are mildly negative and those which are very negative, or very dangerous and absolutely unacceptable. In this way he establishes preferences, priorities, prejudices, patterns of behavior, etc. which come to characterize him. In the main they will be similar to those of other little human personalities, but there will be many specific individual differences, which will characterize each "him" or "her."

The baby also goes through a series of stages in which his modality of approach to this new world changes. At first he will make his distinctions regarding the world chiefly on the basis of taste and feeling in the mouth; a little later he will learn to feel with his hands and to perceive differentially with his eyes and ears. He will use different sets of organs and get different sets of sensations and different types of pleasure or pain from his various contacts.

We know, too, from observation that the child goes through cycles of changing interest in his course toward maturity, and that these interests, as well as the modalities with which he pursues these interests, involve physiological processes and anatomical structures and social structures. In this way, all of the child's interactions with society and with inanimate environment get tied up with his organs and thus with his total personality.

This discovery—that the personality of the child, including his bodily workings as well as his psychological workings, is intimately connected with society, with what society (as represented by his own family) does and thinks and believes and threatens and offers—plus the discovery that the structure of society itself varies widely throughout the world, have been two of the most important recent emphases in psychiatry. We no longer believe it possible to study the individual personality; actually the individual personality does not exist. We all exist only in a kind of intimate, integrated pattern involving many other individuals, so that the study of the structure of the family and of society, and ways in which the individual reacts to and affects society, as well as the way in which society affects individuals, has come to be a basic discipline in psychiatry.

Thus sociology, psychology, anthropology, and even geography and physics have come to be basic sciences for the psychiatrist, as well as the human physiology and anatomy with which medical students used to be so exclusively preoccupied. The sociological aspects of the personality, the physical aspects, the chemical aspects, and the psychological aspects all have to be studied in arriving at a concept of the individual human being. This study of the structure of the personality, or as it is worded on this program, its anatomy and physiology, is now the main content of psychiatric thinking. Perhaps I can put it vividly in this way: Whereas doctors specializing in psychiatry once concentrated upon the study of mental illness, the different forms of mental disease and their treatment, we now concentrate upon the various elements in the personality and how they vary and how they may be modified.

From this approach we have derived the laws of human behavior in such a way that we can make predictions; we have learned about characteristic, "typical" tendencies for failure in human adjustment; and we have learned

about effective ways to resuscitate or reconstruct the personality—what we usually refer to as treatment.

Our formulations of these laws and principles may seem at times to be dogmatic, and there is a tendency to veer away from dogma as something crippling. But Professor Alfred Whitehead* of Harvard said something about dogma that applies particularly well to our attempts to define and describe personality. "A dogma" he said, "is the precise enunciation of a general truth, divested so far as possible from particular exemplification. Such precise expression is in the long run a condition for vivid realization, for effectiveness for apprehension of width of scope, and for survival.... When the Greeks, such as Pythagoras or Euclid, formulated accurately mathematical dogmas, the general truths which the Egyptians had acted upon for more than thirty generations became thereby of greater importance.

"It is not the case, however, that our apprehension of a general truth is dependent upon its accurate verbal expression of something that we had never apprehended. But *this consciousness of failure to express our accurate meaning must have haunted most of us.* (Italics by K.A.M.) For example, the notion of irrational numbers had been used in mathematics for over two thousand years before it received accurate definition in the last quarter of the nineteenth century. Also, Newton and Leibnitz introduced the differential calculus, which was the foundation of modern mathematical physics. But the mathematical notions involved did not receive adequate verbal expression for two hundred and fifty years.

"Such recondite examples are quite unnecessary. *We know more of the characters of those who are dear to us than we can express accurately in words.*"

So we feel justified in continuing to study the anatomy and physiology of the personality and to formulate our findings into dogma that can be used to improve and rehabilitate personality. Much of our dogma relates to the period of childhood, upon which we place much emphasis and importance because of Freud's discovery that most of the maladjustment and disturbed behavior of later life stems from bad starts of one kind and another, bad experiences, misapprehensions, misinformations, and the like, which occurred in childhood. These are usually—at the time—unseen aspects of the child's life. We go on studying more carefully the outer life of the child, his behavior at various eras and ages. We now have such wonderfully detailed observations as those of Gesell and his associates and the more specialized investigations of our own research department here in Topeka under Dr. Sibylle Escalona. But there remains a great deal that we do not know about the inner life of the little child, his feelings.

An amusing account appeared recently in *The New Yorker* of an experi-

* *Religion in the Making.* Lowell Lectures, 1926. New York. Macmillan, 1926.

ment performed by the uncle of a little girl who, like many three-year-old youngsters, refused to go to bed until someone had read her a story. For a number of nights in a row, the uncle substituted the telephone directory for the cleverly written story-books which her parents had so carefully selected, and as she perched on his knee, he read aloud to her the lists of names, addresses, exchanges and numbers, the tone and rhythm of his voice expressing all the gamut of feeling that one usually invests in the reading of "The Three Bears." The little girl sat deeply absorbed during the reading, proving to the uncle what he had originally suspected, namely, that it was the *feeling*, not the content, of the reading situation which the little girl sought before she went to bed—the *feeling* aroused by the changing expressions of the human voice, the feelings exchanged between the reading grown-up and the listening child.

By telling this story I am not, of course, disparaging the great value of well-written and attractively illustrated story books for little children. My purpose is simply to emphasize the great significance of feelings in the life of the little child, and the relative unimportance of ideas and content in their experiences of feeling. As the child develops, his raw feelings fall into patterns of expectancies and attitudes, opinions and thoughts which go to make up the personality.

In this respect, personality can be likened to the process of photosynthesis which takes place in plants. Leaves take in substances from the air and soil and organize them by means of chlorophyll and sunlight into substances which make the plant's structure and its growth. In the same way a little child somehow absorbs or incorporates, through processes not yet very clear to us, the *feelings* of the persons in his family for each other, and synthesizes them with his own feelings into patterns of reactions which come to represent his personality.

It is a hard thing for thinking adults to believe that emotions are more important than ideas. The human intelligence is so proud of itself and so unaware of its frailties! At this meeting of The Menninger Foundation we speakers are trying to communicate our very best words, our very best ideas, our very greatest thinking. But I really do not think it is so important just what we say here or so important that you remember any particular theoretical or practical point. I think it is more important to get the *feeling* created by two thousand people coming here from all over the United States who are interested in mental health and in better ways of relieving the suffering of many who do not have mental health. I think none of us sets himself up as a paragon of sanity, but our very presence here indicates that we do set ourselves up as being persons interested in an aspect of human life, a world of human suffering, which many of our fellow citizens do not see at all and which many others see or feel, but do not know what to

do about. Someday it will seem as important to contribute to a march of dollars for this cause as it now seems to all of us to contribute to a march of dimes for another cause, a cause whose beneficiaries are far fewer. For the number of mentally incapacitated children is a thousand times that of the physically crippled.

THE RETARDED CHILDREN*

Listen! We hear them calling through the night!
All of the faltering children of the earth—
Awake, asleep, we see them—seeking light—
Seeking a key, a meaning to their birth.

They are the lostlings—they are the least of these
The brood of all the nations, creeds and races.
Our dreams re-echo their unspoken pleas—
Reflect the image of their solemn faces.

And yet, they have a wisdom all their own,
Precocious scholars of a grievous art—
So tolerant with us! And never prone
To scorn the world for its retarded heart.

—E. G. in *Our Children's Voice**

* Issued monthly by the Assn. for the Help of Retarded Children, Inc., New York City, under the editorship of Eugene J. Gramm. Reprinted here from *The Psychiatric Aide*, May, 1949.